## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P19599

1. Entity Name

FLORIDA BUILDER APPLIANCES, INC.

|--|

FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90212 006 \*\*\*150.00

| Principal Place of Business 3333 BEVERLY RD HOFFMAN ESTATES IL 60179 US 2. Principal Place of Business |                                                                                                       | Mailing Addres<br>3333 BEVERLY I<br>768TAX. B2-130I<br>HOFFMAN ESTA<br>US<br>3. Mailing Addre | RD<br>3<br>TES IL 60179 |                             |                                                                                 |                  |                     |   |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------|-----------------------------|---------------------------------------------------------------------------------|------------------|---------------------|---|
| z. miloipan                                                                                            | nace of Business                                                                                      | J. Wilding Addin                                                                              | 233                     |                             |                                                                                 |                  |                     |   |
| Suite, Apt                                                                                             | . #, etc.                                                                                             | Suite, Apt. #,                                                                                | etc.                    |                             | CHECK HERE IF N                                                                 | MAKING CHANGES   |                     |   |
| City & Sta                                                                                             | te                                                                                                    | City & State                                                                                  |                         |                             | 4. FEI Number 36-3619133                                                        | <u> </u>         | oplied For          |   |
| Zip                                                                                                    | Country                                                                                               | Zip                                                                                           | Cour                    | ntry                        | 5. Certificate of Status Desired                                                | \$8.75 Add       | ditional            |   |
|                                                                                                        | 6. Name and Address of Curren                                                                         | t Registered Agent                                                                            |                         |                             | 7. Name and Address of New Regi                                                 | <del> </del>     |                     | _ |
| CT CODD                                                                                                | ODATION SYSTEM                                                                                        |                                                                                               |                         | Name                        |                                                                                 |                  |                     |   |
|                                                                                                        | ORATION SYSTEM<br>INE ISLAND ROAD                                                                     |                                                                                               |                         | Street Addr                 | ess (P.O. Box Number is Not Acceptable)                                         |                  |                     |   |
|                                                                                                        | ON FL 33324                                                                                           |                                                                                               |                         |                             |                                                                                 |                  |                     |   |
|                                                                                                        |                                                                                                       |                                                                                               |                         | City                        | W- V-W                                                                          | FL Zip Code      | e                   |   |
| 8. The above                                                                                           | named entity submits this statement                                                                   | for the nurnose of ch                                                                         | anging its register     | ed office or rec            | gistered agent, or both, in the State of Florida                                |                  | and accept          |   |
|                                                                                                        | tions of registered agent.                                                                            | pa. paga a. a                                                                                 | gg                      |                             | ,                                                                               |                  |                     |   |
| SIGNATURE                                                                                              |                                                                                                       |                                                                                               |                         |                             |                                                                                 | DATE             |                     |   |
|                                                                                                        | Signature, typed or printed name of registered ager                                                   | nt and title trapplicable.                                                                    | (NO12: Registeri        | ed Agent signature re       | equired when reinstating)                                                       | DATE             |                     |   |
| Afte                                                                                                   | FILE NOW!!! FEE IS \$150.00<br>or May 1, 2003 Fee will be \$550.00<br>k Payable to Florida Department | <b>I</b>                                                                                      |                         |                             | <ol> <li>Election Campaign Finance<br/>Trust Fund Contribution.</li> </ol>      | +                | May Be<br>I to Fees |   |
| 10.                                                                                                    | OFFICERS AND                                                                                          |                                                                                               | 11.                     |                             | ADDITIONS/CHANGES TO OFFICE                                                     | RS AND DIRECTORS | S IN 11             |   |
| TITLE                                                                                                  | VD                                                                                                    |                                                                                               |                         | _                           | 12.7.4                                                                          | ☐ Change         | ☐ Addition          | 9 |
| NAME<br>STREET ADDRESS                                                                                 | COGHLAN, GERALD<br>3333 BEVERLY RD                                                                    |                                                                                               | NAN<br>STR              | ME<br>EET ADDRESS           |                                                                                 |                  |                     | , |
| CITY-ST-ZIP                                                                                            | HOFFMAN ESTATES IL                                                                                    |                                                                                               |                         | /-ST-ZIP                    |                                                                                 |                  |                     | í |
| TITLE                                                                                                  | PD                                                                                                    | ×                                                                                             |                         | E                           | PD<br>LYLE HELDEMANN<br>3333 Bevenly Road<br>Yoffman-Estates, 11                | <b>□</b> Change  | Addition            |   |
| NAME<br>STREET ADDRESS                                                                                 | MAINES, WILLIAM<br>3333 BEVERLY RD                                                                    |                                                                                               | AAN<br>ato              | ME<br>EET ADDRESS           | 3333 Beverly Road                                                               |                  |                     |   |
| CITY-ST-ZIP                                                                                            | HOFFMAN ESTATES IL                                                                                    |                                                                                               | -                       | -ST-ZIP                     | Hoffman Estates 11                                                              | 60179            |                     |   |
| TITLE                                                                                                  | 8                                                                                                     |                                                                                               | elete TITL              | E                           |                                                                                 | ☐ Change         | ☐ Addition          |   |
| NAME                                                                                                   | MCKEOUGH, BRENDAN                                                                                     |                                                                                               | NAN                     | 1                           |                                                                                 |                  |                     |   |
| STREET ADDRESS<br>CITY-ST-ZIP                                                                          | 3333 BEVERLY RD<br> HOFFMAN ESTATES IL                                                                |                                                                                               |                         | EET ADDRESS<br>(-ST-ZIP     |                                                                                 |                  |                     |   |
| TITLE                                                                                                  | VT                                                                                                    | <b>X</b> 0                                                                                    | elete TITL              | E                           | VT                                                                              | Change           | ☐ Addition          |   |
| NAME                                                                                                   | FELDNER, MICHAEL                                                                                      | 77                                                                                            | NAN                     | ME .                        | SCOTT NEAL                                                                      |                  |                     |   |
| STREET ADDRESS<br>CITY-ST-ZIP                                                                          | 3333 BEVERLY RD.<br>HOFFMAN ESTATES IL                                                                |                                                                                               |                         | EET ADDRESS<br>/-ST-ZIP     | 3333 GEVENTY REGU                                                               | 60179            |                     |   |
| TITLE                                                                                                  |                                                                                                       |                                                                                               |                         |                             | HOTTMAN SETATOC 11-                                                             |                  |                     |   |
| NAME                                                                                                   | <b>  \</b>                                                                                            | <u> </u>                                                                                      | elete : TITL            | E                           | Hoffman Estates, 12                                                             | ☐ Change         | Addition            |   |
|                                                                                                        |                                                                                                       |                                                                                               | elete TITL<br>NAM       | E P                         | AM SCHNEINER                                                                    | ☐ Change         | Addition            |   |
| STREET ADDRESS                                                                                         |                                                                                                       |                                                                                               | NAN<br>Str              | E AE EET ADDRESS            | AM SCHNEINER 1333 BEVENLY ROAD                                                  | ☐ Change         | Addition            |   |
| CITY-ST-ZIP                                                                                            | V                                                                                                     |                                                                                               | NAM<br>STR<br>CITY      | E AE EET ADDRESS 3 (-ST-ZIP | AM SCHNEINER<br>1333 Bevenly Road<br>4099man Estates, 16                        | ☐ Change         |                     |   |
|                                                                                                        |                                                                                                       |                                                                                               | NAM<br>STR<br>CITY      | E                           | Hoffman Estates, IL<br>AM SCHNEINER<br>1333 Bevenly Road<br>Hoffman Estates, IL | ☐ Change         | Addition Addition   |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-03

847-196 9238

Daytime Phone #

HZE034 (10/0)

attachment 7003845 P19599

## FBA HOLDINGS INC. OFFICERS AND BOARD OF DIRECTORS

| Directors |                | Address                                      |  |  |
|-----------|----------------|----------------------------------------------|--|--|
|           | Lyle Heidemann | 3333 Beverly Road, Hoffman Estates, IL 60179 |  |  |
|           | Gerald Coghlan | 3333 Beverly Road, Hoffman Estates, IL 60179 |  |  |

|            | Officers         | Title                         | Address                                        | <del></del> |
|------------|------------------|-------------------------------|------------------------------------------------|-------------|
| · <u>_</u> | Lyle Heidemann   | President                     | 3333 Beverly Road<br>Hoffman Estates, IL 60179 |             |
|            | Gerald Coghlan   | Vice President                | 3333 Beverly Road<br>Hoffman Estates, IL 60179 |             |
|            | Pam Schneider    | Vice President                | 3333 Beverly Road<br>Hoffman Estates, IL 60179 | ,           |
|            | Scott Neal       | Vice President<br>& Treasurer | 3333 Beverly Road<br>Hoffman Estates, IL 60179 |             |
|            | Brendan McKeough | Secretary                     | 3333 Beverly Road<br>Hoffman Estates, IL 60179 |             |